



**TESTIMONY OF
CONNECTICUT HOSPITAL ASSOCIATION
SUBMITTED TO THE
HUMAN SERVICES COMMITTEE
Thursday, March 17, 2011**

**SB 1147, An Act Concerning Patient Consent
For The Exchange Of Electronic Health Information**

The Connecticut Hospital Association (CHA) appreciates the opportunity to submit testimony concerning **SB 1147, An Act Concerning Patient Consent For The Exchange Of Electronic Health Information**. CHA opposes the bill.

SB 1147 seeks to require a written consent of a patient, or the patient's representative, prior to release of patient health information kept in electronic medical records by a healthcare institution.

This bill runs contrary to a very complex set of federal rules and laws that govern medical records, health information exchanges, and federal healthcare reform.

The type of blanket restriction contemplated in SB 1147 would make it practically impossible to perform quality and utilization studies or reviews, to track infections, or to control healthcare costs. Hospitals frequently need to share data with trusted partners, such as the Joint Commission, the Center for Medicare and Medicaid Services, the Agency for Healthcare Research and Quality, the Department of Public Health, the Centers for Disease Control, and others. Healthcare quality improvement will come to a complete standstill if the ability to share these data is impaired, and data will be meaningless if less than 100% of records and cases are made available for review.

Institutions in Connecticut will be unable to meet the requirements of several federal programs, such as the meaningful use standards for use of electronic health records as set forth in the Health Information Technology for Economic and Clinical Health Act (HITECH), a program with \$20 billion in funding to be used nationwide. Hospitals will be unreasonably restricted in the methods they would otherwise be able to use to reduce readmissions, as required by the Patient Protection and Affordable Care Act. Widespread participation in health information exchanges, a goal with which Connecticut already struggles mightily yet has promised to meet, will not be achieved.

Similar consent requirements were considered – and ultimately rejected – during discussions of the HIPAA Privacy rulemaking by the federal government. As determined during the HIPAA debate, if a healthcare provider needed to obtain advance, written permission to share a patient’s health information with other healthcare providers, health insurers, healthcare quality entities, or the provider’s own business partners, patients would be inconvenienced at best, and put in danger at worst.

With respect to day-to-day patient care, the need for a patient signature every time information is disclosed would impede care, and create absurd situations, including the following: a physician could not electronically transmit or call in a prescription to a pharmacy when the patient is sick at home and unable to sign off on the disclosure; an ambulance service could not be told the condition of a person who needs assistance because the hospital with the information does not have written permission from the unconscious patient; and insurers could not be contacted for pre-authorization.

While a balance between privacy rights and healthcare quality is essential, that balance is best achieved through adherence to federal standards. Efforts that alter, modify, or interfere with those standards will put Connecticut at odds with good medicine and healthcare reform.

Thank you for your consideration of our position.

For additional information, contact CHA Government Relations at (203) 294-7310.

JDI:pae